

SEP 10 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23615

1. PLACE OF DEATH

County Carroll

Registration District No. 138

Township Norborne

Primary Registration District No. 4078

City Norborne (No.)

File No.

Registered No. 02

St. Ward

2. FULL NAME

Francis Polk Stribling

(a) Residence. No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE-MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Caroline Elizabeth Stribling

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov. 8 1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

89

10

8

day, hrs.
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Miller

(b) General nature of industry, business, or establishment in

which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Georgia

(STATE OR COUNTRY)

10. NAME OF FATHER

Tom Stribling

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Lula Crosby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

J. I. Stribling
Norborne, Mo.

15.

FILED

7-30

1934

B. C. Collier M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1934

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 12 1934 to July 17 1934 that I last saw him alive on July 17 1934 and that death occurred, on the date stated above, at 11:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Debility
No other cause could be
discovered (duration) one yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

102 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

Alimental
(Signed) W. J. Stroud M. D.

. 19 (Address) Norborne Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Stemple Cem.

July 19 1934

20. UNDERTAKER

ADDRESS

W. J. Stroud

Norborne, Mo.

